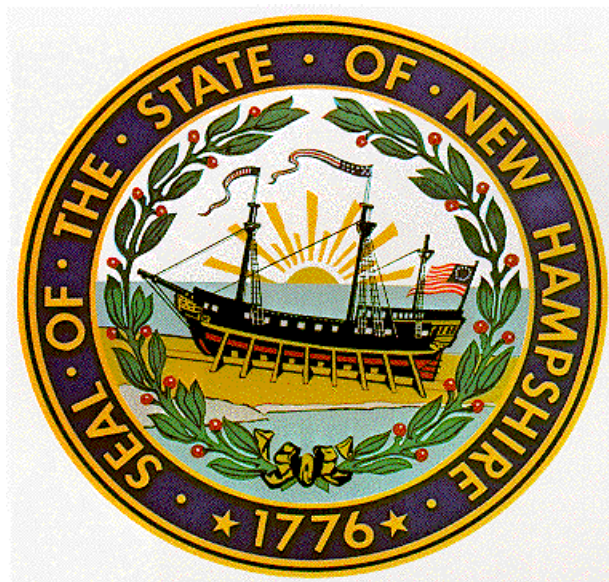


# **New Hampshire State Plan on Aging**



**Department of Health and Human  
Services  
Bureau of Elderly and Adult Service**

**October 1, 2005 – September 30, 2007**

**Verification of Intent**

The State Plan on Aging is hereby submitted for the State of New Hampshire for the period October 1, 2005 through September 30, 2007. Included are all assurances and plans to be implemented by the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services, under provisions of the Older Americans Act of 1965, as amended. The state agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated services for the older population of New Hampshire as well as serving as the effective and visible advocate for older citizens of New Hampshire.

The State Plan on Aging for Federal Fiscal Years 2006 – 2007 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

\_\_\_\_\_  
John A. Stephen, Commissioner  
New Hampshire Department of Health and Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Douglas P. McNutt, Chief  
New Hampshire Bureau of Elderly and Adult Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Susan Presby, Chair  
New Hampshire State Committee on Aging

\_\_\_\_\_  
Date

I hereby approve this State Plan on Aging and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U. S. Department of Health and Human Services.

\_\_\_\_\_  
John Lynch  
Governor

\_\_\_\_\_  
Date



## **1. INTRODUCTION**

The Older Americans Act, enacted by Congress in 1965, provides funding for a variety of supportive services to New Hampshire's seniors age sixty and older. Senior meal sites, meals on wheels, adult day programs, transportation, health promotion, and family caregiver support are some of these services. The values reinforcing the Older Americans Act affirm the right of elderly people to maintain an independent lifestyle in their community, in safety and in dignity.

While the primary purpose of the Act is to build up comprehensive community based systems that offer older people alternatives to nursing home care, the Older Americans Act also ensures that nursing home residents receive quality care; the Long-term Care Ombudsman Program, also funded by the Act, receives and investigates complaints about the quality of residential care.

As a condition of funding, the Act requires the State to submit a plan to the Administration on Aging, the federal agency overseeing the implementation of the Older Americans Act, that specifies how the State will use the federal funds it receives through the Older Americans Act. Moreover, the State must engage older people in a public review and comment process and is required to consider their viewpoints in developing the plan, referred to as the State Plan on Aging.

On July 11, 2005, the NH Bureau of Elderly and Adult Services (BEAS), the agency designated as the State's Aging Agency, released an overview of what would be included in the 2006-2007 for public review and comment. This document was posted on the agency's website, and hard copies were made available upon request. Individuals could submit their comments electronically, by regular mail, or by telephone. Two public hearings were held on July 19 in Concord and on July 21 in Manchester to enable interested persons to ask questions and voice their concerns about the State Plan and the system of supports for elderly people in New Hampshire.

In addition to the comments received through this process, BEAS also took into account the recommendations made by the participants in the New Hampshire Speaks session at the 2005 State Conference on Aging. A summary of the public review process and the comments received is included in subsequent sections of this document.

The State Plan on Aging provides key information about New Hampshire's home and community-based care system for the elderly—what services are provided, the funding levels for each, how individuals and families can access services and supports, as well as outlines the strategic goals BEAS will focus on for the period in which the Plan is in effect—October 1, 2005 to September 30, 2007.

## **2. STATEMENT OF NEED**

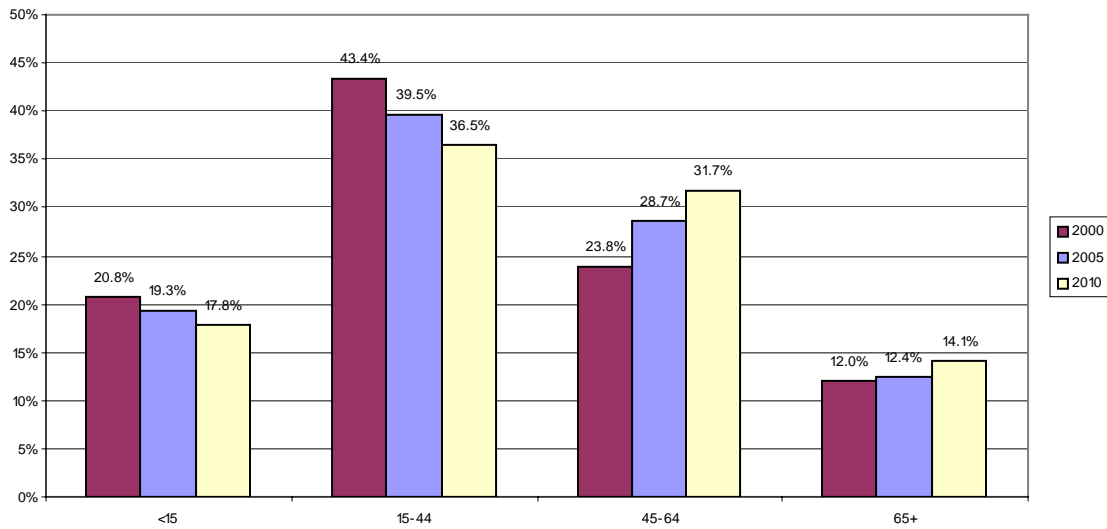
New Hampshire, located in the upper northeast region of the United States, is well situated to reap the benefits of its ideal location. Its proximity to the Atlantic Ocean and to Vermont and Maine, as well as its strong economy make it an attractive place to live and work. In addition, its closeness to resources available via the larger metropolitan areas such as Boston, Massachusetts, gives New Hampshire a variety of health care related options. Its geographic location as well as its demographic picture continue to affect the lifestyles of its seniors and delivery of health services.

According to April 2005 data from the Bureau of Labor Statistics, New Hampshire's unemployment rate (seasonally adjusted) was 3.4 percent. Maine and Massachusetts was 4.7 percent, while Vermont was the lowest at 3.3 percent. The national unemployment rate for May 2005 was 5.1 percent. New Hampshire has a history of being among the top states with a low unemployment rate and current data indicate that this will continue into the next several years. June 2005 projections made by the Economic & Labor Market Information Bureau (ELMIB) predict an overall employment increase of 3.0 percent by the second quarter of 2006. ELMIB states that the largest gains in employment will be in health services, retail trade, and educational services, noting that these are already the largest sectors of employment

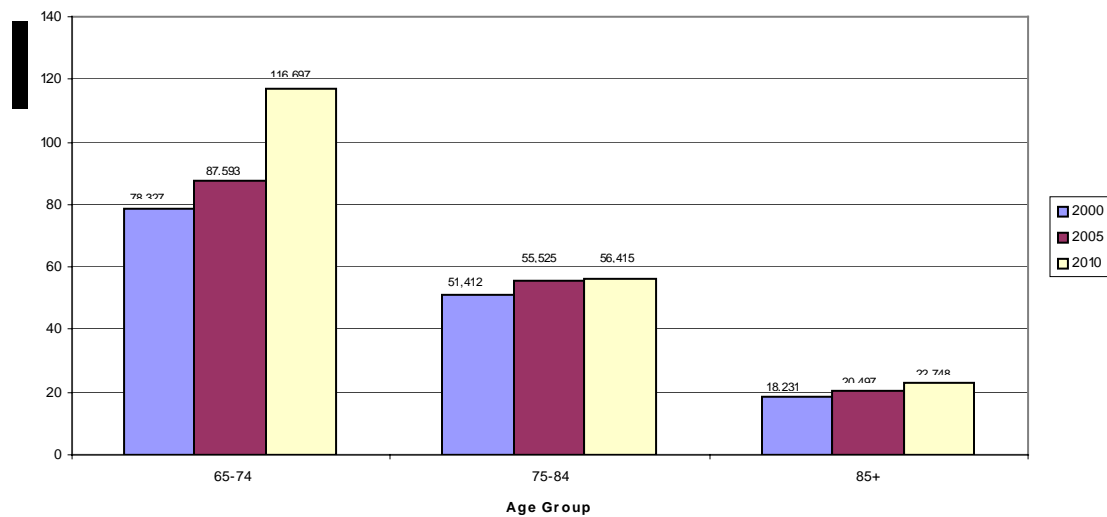
The increase in population will drive a corresponding rise in the demand for services, in particular health related services, for the largest and fastest growing demographic – seniors over the age of 65, which underscores the need to obtain, train, and retain health service employees across all spectrums of New Hampshire's health care system. For the same projected period (second quarter 2006), ELMIB predicts that employment of registered nurses will increase by 6.0 percent; medical assistants by 9.9 percent; radiological technicians by 5.1 percent; and social and human service assistants by 8.3 percent. These professionals and an array of others are essential to support the increased service demand.

According to 2005 projections, the New Hampshire Office of Energy and Planning estimates the total population of New Hampshire to be 1,317,981. Out of this population 12.4 percent are 65 and over. If current trends continue, New Hampshire will see a steady increase in the age group of 45 and above at the same time that the age group of 44 and younger will be declining. In the short term, the need for community-based care will continue to be directly related to the population of seniors age 75 and older who currently use these services. In the long term, the needs may shift as the population becomes 85 and older and potentially require increasing support. The following charts describe the age distribution and the projected growth of the New Hampshire population.

Changing Age Distribution of People in New Hampshire 2000 - 2010



Projected Growth in New Hampshire Elderly Population 2000 - 2010



Although the land area of the state is only 9,304 square miles, its narrow, rectangular shape is naturally divided north and south by a mid-section of inland lakes, and east and west by the White Mountains. These natural divisions have resulted in various differences in pockets of population growth, economic development, and social structures. This, in turn, has led to wide differences in community needs and an imbalance of available services within the state. These factors directly affect transportation issues; the number one obstacle to independent living determined by the “NH Speaks” Forum, held on May 26, 2005 at the Center of New Hampshire in Manchester, New Hampshire. Also, the rise in gas prices has to be considered when developing viable transportation services/options as well when planning for the delivery of home-based services.

The most densely populated regions are in central and southern New Hampshire, where three counties, Hillsborough, Merrimack and Rockingham are home to nearly 65 percent of the population. In 2005, 58 percent of adults over 65 years old were estimated to reside in these counties. It is in these counties where the largest cities are found: Nashua, Manchester, Salem, Derry, Portsmouth, and Concord, the state’s capital city and the seat of state government. These areas have enjoyed the strongest economy, with ties to the high tech industry both in New Hampshire and eastern Massachusetts. Southern New Hampshire offers an abundance of hospitals, healthcare providers, and social service agencies. The popularity of these regions, however, has a downside. Property values have risen and there is a shortage of affordable housing. Affordable housing was determined to be another top obstacle to independent living by the “NH Speaks” Forum.

These areas are also home to the majority of New Hampshire’s growing minority population. According to 2003 data, 95.5 percent of the population is white, 1 percent is black or African-American, 0.2 percent is American Indian or Native Alaskan, 1.7 percent is Asian, and 1 percent is classified as other. In 2000, these percentages were 96 percent white, 0.7 percent black or African-American, 0.2 percent American Indian or Native Alaskan, 1.3 percent Asian, and 0.6 percent other. Providing services and supports to elderly members of these groups in a culturally competent manner can present challenges to service providers who may not be accustomed to working with different cultures.

The least populated areas are located in Sullivan County to the west with 3 percent of the population, and in northern New Hampshire (Coos, Carroll and Grafton counties) with 12.6 percent. Over 16.5 percent of New Hampshire’s adults over 65 years old reside in these areas. These “North Country” counties are more rural in nature. The economy relies on service industries, forestry, and tourism. This population is faced with the challenges of inadequate public transportation, fewer employment opportunities, and lower paying wages.

Another obstacle to independent living is related to income and financial security. Participants at the “NH Speaks” Forum cited lack of affordable housing, lack of income, and increases in cost of living as top concerns in planning for adequate health care. According to New Hampshire 2003 rates, 9 percent of the population age 65 and over were reported in the below poverty level. (factfinder.censu.gov) As noted above, this population is growing and the needs for assistance with coverage of medical care will only increase.

Public resources for medical and long-term care are not keeping pace with the rapid growth in the elderly population. After an extensive review of New Hampshire’s Medicaid program, the largest single consumer of long-term care in the State, the Department of Health and Human Services (DHHS) has proposed modifications to the State’s Medicaid Program. The initial plans for this program were presented to the NH legislature on November 10, 2004 as part of the NH Medicaid Modernization Initiative, **hereinafter referred to as “the Medicaid Modernization Initiative.”** According to financial projections made by the DHHS last January 2005, Medicaid’s projected annual program costs would grow to nearly \$2 billion, based on the Consumer Price Index over 10 years, adjusted for inflation.

One way that **the Medicaid Modernization Initiative** is attempting to reduce these rising costs is to emphasize preventative care that would utilize less expensive services. This is in keeping with the state’s initiative to reduce nursing home admissions and efforts to maintain seniors in their own homes begun in 1998. The guiding principles underlying the **Medicaid Modernization Initiative** include quality and prevention, consumer empowerment and choice, personal responsibility, and community solutions.

In summary, current trends portend the future need for more collaboration among agencies serving older people. Many individuals have endorsed a strategy for these agencies to join together to provide information about available resources, access to these resources, and service delivery. To this end, the State is working on a variety of projects such as the NH Elderly Abuse Advisory Council, a statewide transportation brokerage, and the statewide expansion of the ServiceLink Resource Center model. The relationship of these and other initiatives and the **Medicaid Modernization Initiative** to the State Plan on Aging will be explained in the section including the strategic goals for the Plan.



### **3. SERVICES PROVIDED UNDER THE STATE PLAN ON AGING**

This section defines the services to be provided under the 2006-2007 State Plan on Aging, and Section 4 includes the amount that has been budgeted for each service. For the most part, these services are provided by community agencies. With the exception of Family Caregiver Support, an individual receiving services provided through the Older Americans Act must be age sixty or older. Means testing is prohibited under the Act and there are no financial eligibility requirements, although the State must target these services to the economically and socially disadvantaged. According to the Act, economically disadvantaged refers to an income level at or below poverty, \$9,570 for one person and \$12,830 for two, according to the US Department of Health and Human Services guidelines. Socially disadvantaged can include the following characteristics: living in a rural area, frailty, non-English speaking, member of a minority group, over age 85, and cognitive impairments.

Although there are no fees for services provided under the Plan, people receiving these services may be asked to donate towards the cost of their services. No one is to be denied service because of refusal or inability to make a donation.

**For information about how to access these and other services, contact the New Hampshire ServiceLink Network toll free at 1-866-634-9412 or [www.servicelink.org](http://www.servicelink.org).**

**State Plan on Aging Services include the following:**

#### **Adult Group Day Service**

Adult Group Day Service is a supervised group setting, where older adults and/or individuals with chronic illnesses or disabilities can spend time and receive social, health, and other supportive services. Some families use this service as a means of respite care or as a resource to enable them to care for their elderly or disabled members while maintaining their own jobs and other responsibilities.

#### **Communication Access**

Communication Access includes securing communication access for individuals who have experienced a hearing loss or need Sign Language Interpreters or Real Time Captioning Services, or who need to borrow certain equipment on a short-term basis; i.e., assistive listening devices, TTYs, telephone devices and hotel access kits. Communication access is funded through the Older Americans Act and Social Services Block Grant.

### **Community Elder Support Services**

Community Elder Support Services meet the need of geographically and socially isolated individuals age 60 and older who need information and assistance in accessing services. BEAS contracts to provide this service, which helps seniors to maintain their independence and dignity. The contractor is responsible for identifying hard to reach, isolated or withdrawn seniors; meeting face- to- face with seniors to disseminate information; making referrals and providing follow up, which may include non-legal actions taken on behalf of older persons to secure their rights and/or benefits; providing health promotion and wellness services; and/or providing recreation and nutrition information designed to support a nutrition program.

### **Congregate Meal Programs**

Congregate meals are provided to adults 60 and over and other people in a variety of settings, such as senior housing complexes, church halls, town halls, and senior centers. DEAS contracts with nutrition agencies throughout the state to provide congregate meal services that promote good nutrition and social opportunities. Persons participating in congregate meal programs may also access health and wellness programs, volunteer opportunities, transportation, and other community services. No proof of financial eligibility is required to receive congregate meals. Individuals may make voluntary donations toward their meal costs, but no one is denied a meal because of an inability to make a donation.

### **Dental Care Services**

Through a service provider contract, DEAS sponsors some dental care services for persons age 60 and older who would not otherwise have had access to dental care. This service helps to reduce the incidence of dental disease and promote good health. Dental care includes oral exams, cancer screenings, cleanings and fillings, simple surgical procedures, restorations, dentures and partial dentures.

### **Elder Abuse Counseling Services**

Counseling services support adults who are age 60 and older who require assistance in resolving problems and/or in relieving stress. BEAS contracts with a limited number of service providers who offer this service. Problems addressed through Elder Abuse Counseling Services may include elder abuse, neglect, exploitation or physical harm inflicted on older adults. Counseling may be provided on an individual or a group basis, and public education may also be provided on the prevention of elder abuse, neglect or exploitation.

### **Energy Assistance**

Energy Assistance provides funding to enable persons who are age 60 and older, and who do not qualify for Federal Energy Assistance payments, to receive help in paying heating costs during the winter months. This enables seniors to continue living safely in their own homes and alleviates the problems associated with inadequate heat. This service is coordinated through the Office of Energy and Planning.

### **Family Caregiver Support**

The New Hampshire Family Caregiver Support Program (NHFCSP) provides support and assistance to those caring for persons age 60 and older, and grandparents, guardians or relatives who are age 60 or older and caring full-time for a child or children under 19 years of age, and to individuals age 60 and older who are caring full-time for children under 19 years of age who have a mental or developmental disability. NHFCSP provides information, education, and counseling on available services and resources, and payment for respite care and other supplemental services, such as home modifications.

The goal of the NHFCSP is to strengthen the capacity of caregiving families and to alleviate caregiver burnout by targeting services specifically to individual situations and needs.

Family caregiver support services include:

- Information and assistance in accessing programs
- Individual counseling
- Support groups
- Caregiver training
- Respite services, and
- Supplemental services; e.g., transportation, homemaker or snow plowing.

Access to caregiver information, education, counseling, and support groups is made available free of charge through the New Hampshire ServiceLink Network. Funds to meet the costs of respite and supplemental services are paid directly to the providers selected by the family caregivers.

Despite limited funding, this program has become an essential part of the home and community based support system, often providing the kinds of assistance to caregivers that are not always available through other sources.

### **Health Insurance Counseling, Education, and Assistance Service (HICEAS)**

HICEAS, the state's health insurance assistance program (SHIP) provides Medicare beneficiaries and caregivers with health insurance counseling, education and assistance on Medicare, Medicaid, Medigap plans, and long term care insurance. HICEAS is also the state leader in promoting and increasing enrollment in the Medicare Savings Programs, which help people with their Medicare premiums, deductibles and coinsurance expenses. HICEAS, offered through the SHIP grant from the Centers for Medicare and Medicaid Services, has been administered by DEAS for over ten years. Currently, there are 145 active and specially trained volunteers throughout New Hampshire that offer free and confidential counseling and education for people with Medicare. HICEAS will be a major source of information and assistance for Medicare beneficiaries when Medicare Part D, the prescription drug benefit, is implemented in 2006.

### **Health Promotion**

DEAS utilizes funds from the Older Americans Act to provide educational and informational opportunities and resources promoting good health and a better quality of life for seniors. These include:

- Activities that relate to medication management, health screening and education to prevent incorrect medication usage and adverse drug reactions;
- The annual New Hampshire Conference on Aging, which provides elders and their caregivers with information on a variety of issues;
- *Computer Literacy for Seniors*, an educational program which gives older adults the skills to access Internet information on Medicare, Social Security and other subject areas;
- Publication of the newsletter *Aging Issues*. *Aging Issues* is published quarterly by DEAS and the State Committee on Aging and provides information to older persons statewide regarding current legislative initiatives, DEAS programs and services, activities of the State Committee on Aging and Area Committees on Aging, and other helpful resources.
- REAP or the Residents Education and Assistance Program addresses problems caused by chemical dependency and medication mismanagement in subsidized senior housing complexes, through prevention education, counseling and intervention. REAP also helps elders to better understand and deal with the many life changes they encounter. BEAS is currently helping to fund this important program in conjunction with the New Hampshire Housing Finance Authority, the Bureau of Behavioral Health and the Bureau of Alcohol and Drug Abuse Prevention and Recovery. Originally targeted to residents of senior housing, REAP expanded its services into the community in 2002.

### **Health Screening Services**

Health screening helps persons age 60 and older who require assistance in identifying and providing for their health needs. This service, which helps to prevent and/or alleviate illness and improve the quality of life for older persons living in the community. Screening for high blood pressure is one example of an activity under Health Screening Services. The contractor is responsible for providing periodic health screening clinics, providing an assessment of an individual's health status, determining if future medical care is required, making referrals, as necessary, to other resources and any necessary follow up

### **Home-delivered Meals**

Home-delivered meals programs, also known as “meals on wheels,” offer hot and nutritious meals to elderly and adults living with disabilities. BEAS contracts with nutrition agencies throughout the state to provide this service. Provision of home-delivered meals enables individuals to receive a nutritionally balanced meal, which in turn promotes good health and independence. In addition to the meals, other benefits include daily checks on the individual by the agency staff member who delivers the meals, and, when necessary, nutritional counseling and referrals to other helpful resources.

### **Home Health Aide Services**

Home Health Aide Services are provided to older individuals who need hands-on-care; i.e., assistance with eating, personal hygiene, dressing, mobility and reminders to take medication. Home care tasks such as shopping; housekeeping and meal preparation are not included. Services are provided under the supervision of a registered nurse, and, if appropriate, a physical, speech or occupational therapist, in accordance with a physician’s written plan of treatment. Home Health Aide Services are funded through the Older Americans Act and the Medicaid Waiver.

### **Homemaker**

Homemaker Service includes assisting an elderly person or a younger adult living with chronic illness or disability with household management activities. These may include light housekeeping, meal preparation, household budgeting/money management, nutrition and counseling. Homemaker service does not include personal care, nursing, or other kinds of medical services. DEAS contracts with home health agencies to provide this service, which is funded through the Social Services Block Grant, Title III of the Older Americans Act, and the Medicaid Program.

### **Legal Services**

Legal Services are provided by NH Legal Assistance, a non-profit organization offering free legal services to persons with limited incomes, including seniors, who cannot afford a private attorney and who need assistance regarding legal matters that involve health care, public and private housing issues, food stamps, welfare, utility shut-off and/or nursing facility problems.

The Senior Citizens Law Project (SCLP) is a program within NH Legal Assistance that provides free legal help to individuals age 60 and older. SCLP operates the Senior Advice Line, a toll-free telephone line that seniors can call to consult with attorneys on legal issues. The SCLP attorneys also provide eligible seniors with legal representation at hearings or in court. In addition, SCLP representatives are available to meet with community groups to provide education and discuss legal issues affecting seniors.

### **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program receives, investigates and resolves complaints or problems concerning residents of long term care facilities. Residents of these facilities require support and assistance in having a voice to ensure that their needs are met, their rights are protected, and that they are treated as individuals with care, respect, compassion and dignity.

The sources of complaints can include the resident, family and friends concerned about the resident, long term care facility staff, licensing and regulatory staff, resident advocates or volunteer ombudsmen who become aware of concerns while regularly visiting the facilities. Long Term Care Ombudsman activities are organized around three major areas:

- Prevention, including education and consultation on issues affecting long term care residents, to assist with problem solving before a crisis occurs and make recommendations to facility administration and staff concerning needed changes in policy and procedures.
- Intervention, including investigation of complaints, service gap assessment, and mediation and professional guidance, to help residents and family members resolve conflicts or problems;
- Advocacy, including representing the interests of residents before governmental agencies and seeking administrative, legal and other remedies, to protect the health, safety, welfare and rights of the residents.

LTC Ombudsman staff also provide education to facility staff and advocate for legislation, policies and regulations that will assist facility residents.

<b>To contact the Long Term Care Ombudsman with a nursing home complaint, call toll-free 1-800-442-5640.</b>
--

### **Low Vision Services**

Low Vision Services assist adults who are age 60 and older and who are visually impaired with the supports necessary to maximize their dignity and independence. Low vision services include low vision screening, assessments, training in mobility and other daily living skills, provision of optical aids and education in the use of these aids, monitoring, and referral as appropriate to other helpful resources.

### **Nursing Services**

Nursing services meet the needs of frail and homebound seniors age 60 and older who require the services of a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). BEAS contracts to provide this service, which helps individuals to meet their care needs while living independently in the community. Individuals receiving nursing services are referred by their physicians. Nursing services include evaluating the individual's healthcare needs, developing a nursing plan of care as ordered by the physician, and providing nursing services in accordance with the plan of care.

### **Personal Emergency Response System**

By means of telecommunications, the Personal Emergency Response System (PERS) provides medical assistance and social reassurance in the event of an emergency, to persons age 60 and older and adults living with disabilities. PERS systems help enhance safety and independence for seniors living in the community. BEAS contracts to provide this service, which includes receiving and making referrals, delivering PERS units to the homes of eligible individuals, and educating individuals and responders in the use of the system.

### **Senior Medicare Patrol Project**

BEAS also administers the Administration on Aging's consumer awareness program called the Senior Medicare Patrol Error Project. In New Hampshire the program is called, Protecting Quality Health Care, and it is operated in tandem with the HICEAS volunteer network to conduct educational presentations to increase public awareness and to counsel Medicare beneficiaries and people with disabilities on Medicare and Medicaid issues. By being informed consumers, New Hampshire's seniors can learn to protect themselves, help prevent billing errors, and report situations that are potentially health care fraud or abuse and waste.

### **Transportation**

Recognizing the importance of personal mobility in maintaining an independent lifestyle, DEAS contracts with 15 agencies statewide to provide transportation services to seniors. This enables them to shop, get to medical appointments and access social and recreational opportunities.

In addition, BEAS funds the cost of volunteer transportation related to the Retired Senior Volunteer Program (RSVP), the Senior Companion Program and The Foster Grandparent Program through State General Funds.

Coordination of scarce transportation resources, supported with a sufficient investment in transit resources, can help communities more effectively and efficiently meet the transportation needs of elders and adults with disabilities. BEAS continues to work with other community organizations to enhance transportation options for elders and adults with chronic illness or disability. Examples of such organizations include the New Hampshire Transit Association and the New Hampshire Coalition of Older Drivers.

#### **4. OTHER SERVICES AND SUPPORTS**

Services funded by the Older Americans Act in New Hampshire represent only a part of the long term services and supports available to older persons and individuals in New Hampshire, albeit an important one. Case managers and social workers rely on services from a variety of programs and funding sources, including informal supports, to put a plan together that will enable an individual to remain or return to community living. This section of the 2006-2007 State Plan on Aging describes other services and supports that are essential to the State's long term care system that are administered by BEAS. Providers of services funded by the Older Americans Act, the Social Services Block Grant, and General Funds are selected according to a competitive bidding process in accordance with State procurement policy.

##### **SOCIAL SERVICES BLOCK GRANT (SSBG)**

Enacted as Title XX of the Social Security Act in 1974, the SSBG funds community based services to income-eligible persons with the goals of promoting independence and self-sufficiency, reducing dependency, preventing abuse or neglect, or preventing or delaying institutional placement. Under BEAS policy, eligibility for SSBG services is limited to individuals whose monthly income does not exceed \$900. Persons who are receiving these services as part of a protective services case plan do so without regard to their income. BEAS does not charge a fee for SSBG services; however, the service provider may charge a fee based on an individual's income. BEAS policy prohibits service providers from charging fees to persons receiving SSBG services because of abuse or neglect.

SSBG services are provided by community-based agencies. Some services must be authorized by BEAS District Office staff., while others are available by applying directly to the service provider.

**For information about how to access these and other services, contact the New Hampshire ServiceLink Network toll free at 1-866-634-9412 or [www.servicelink.org](http://www.servicelink.org).**

The following SSBG services are available to eligible persons age 60 and older or to eligible adults with disabilities who are over the age of 18:

##### **Adult Group Day Service**

Adult Group Day Service is a supervised group setting, where older adults and/or individuals with chronic illnesses or disabilities can spend time and receive social, health, and other supportive services. Some families use this service as a means of respite care or as a resource to enable them to care for their elderly or disabled members while maintaining their own jobs and other responsibilities.



**Adult In-Home Care**

Authorized by BEAS Adult Protective Services Social Workers, this licensed service is provided by home care agencies under contract to BEAS to the elderly or younger adults affected by chronic illness or disability who reside in an independent living arrangement. Adult In-Home Care may involve supervision of activities of daily living, such as eating, bathing, walking and dressing, or home care tasks such as meal preparation, shopping and light housekeeping.

**Chore**

Chore service is provided through contracts with individuals who perform home maintenance tasks which an elderly person or a younger adult affected by chronic illness or disability can no longer perform themselves, such as heavy cleaning, painting, snow removal or maintaining a heating system. Chore Service must be authorized by BEAS Adult Protective Services Social Workers.

**Emergency Support**

Emergency support provides social services or goods to assist seniors or adults with disabilities in short-term emergencies. These supports include, but may not be limited to: food, clothing, household appliances or furniture, temporary shelter, installing a telephone for medical reasons, or in situations involving severe social isolation or emergency transportation. Emergency support is authorized by BEAS Adult Protective Services Social Workers.

**Home-delivered Meals**

Home-delivered meals programs, also known as “meals on wheels,” offer hot and nutritious meals to elderly and adults living with disabilities. BEAS contracts with nutrition agencies throughout the state to provide this service. Provision of home-delivered meals enables individuals to receive a nutritionally balanced meal, which in turn promotes good health and independence. In addition to the meals, other benefits include daily checks on the individual by the agency staff member who delivers the meals, and, when necessary, nutritional counseling and referrals to other helpful resources.

**Homemaker**

Homemaker Service includes assisting an elderly person or a younger adult living with chronic illness or disability with household management activities. These may include light housekeeping, meal preparation, household budgeting/money management, nutrition and counseling. Homemaker service does not include personal care, nursing, or other kinds of medical services. BEAS contracts with home health agencies to provide this service.

**Guardianship**

In situations in which an adult has been adjudicated by the Probate Court as unable to care for him or herself, and BEAS has initiated guardianship proceedings, BEAS will purchase guardianship services for that person from an individual appointed by the Probate Court who will act on his or her behalf.

**NH Help Line**

The NH Help Line is statewide information, referral and crisis service provided to citizens of the state through a contract with an experienced service provider. In addition to telephone assistance, Help Line offers a walk-in service with handicapped accessibility to a teletypewriter (TTY), which makes services accessible to people with hearing and speech impairments. NH Help Line offers a broad scope of services to consumers including:

- Referrals to appropriate health and social services
- Assistance in locating services and supports to meet basic living needs such as food, housing, financial assistance, utilities, etc; and
- A Senior Hotline for:
  - Providing information and assistance on Medicare, Medicaid, Medigap and Long Term Care Insurance and identifying and reporting health care fraud, waste, and abuse;
  - Linking consumers to trained volunteer counselors throughout the state

**Respite Care**

Respite care may be provided to individuals age 60 and older or to individuals with a chronic illness or disability who are between age 18 and 60. Respite care provides temporary care to the individual during the temporary absence of the caregiver, and may be provided in the individual's home, in a residential care setting or in a nursing facility. Respite Care funded by the SSBG must be authorized by a BEAS Adult Protective Service Worker.

***STATE-FUNDED SERVICES***

The programs and services listed below are funded primarily through General Funds:

***Adult Protection***

The Adult Protection Program is administered by BEAS in accordance with the Adult Protection Law (RSA 1621-F: 42-57), and is intended to protect victims of adult abuse (emotional, physical, or sexual), neglect, self-neglect or exploitation. Victims are incapacitated adults, including the elderly, who are often in frail health and unable to protect themselves or care for their own needs or finances.

New Hampshire's Adult Protection Law was enacted in 1978 and was one of the first of its kind in the nation. This law requires that anyone who suspects or believes in good faith that an adult, who is or is suspected of being incapacitated, is being abused, neglected, exploited or is self-neglecting, report this to the Department of Health and Human Services, Bureau of Elderly and Adult Services. Persons making reports in good faith are immune from civil or criminal liability.

Victims who come under the Adult Protection Law may be living in a number of diverse settings, including their own homes and apartments, with relatives or friends, in room and board homes, in nursing homes, in residential care or assisted living facilities, or in specialized group homes. A perpetrator of abuse, neglect or exploitation may be any person, including a spouse, an adult child or other relative, a facility staff person, or a paid caregiver.

The number of reports received by BEAS has grown from 239 in 1980 to 2212 in Federal Fiscal Year (FFY) 2004. Of the FFY 2004 reports, 69% (1,534) of the reported victims were 60 years of age and over, and the most frequently reported age range of victims was between 80-89. It is likely that the number of reports will continue to increase as the aging population continues to grow, and as the public becomes more aware of the reporting requirements.

When a report of abuse, neglect, self-neglect or exploitation is received, it is assigned to a BEAS staff member for investigation. The assigned BEAS investigator meets and speaks with the alleged victim, the alleged perpetrator (if one is named) and any other persons who can provide information. The investigator may also need to review medical records, photographs, correspondence and/or other relevant documentation. After reviewing all the facts collected, the investigator determines whether the report is founded (substantiated) or unfounded, and whether protective services are needed.

Investigations conducted under the Adult Protection Law are civil, not criminal, and emphasize providing a remedy rather than prosecution. However, the law does require BEAS to report to local law enforcement, the Office of the County Attorney, or the Department of Justice any situations involving serious bodily injury, or situations wherein there is a reason to believe that a crime has been committed.

When a report is founded and a need for protective services has been identified, BEAS offers protective services to the victim, which may include:

- In-home services that help maintain health and independence
- Respite Care to relieve an overburdened caregiver and/or
- Counseling to help the victim through a difficult and stressful period

The Adult Protection Law states that an adult's right to self-determination should be preserved; therefore, even when protective services are assessed as necessary and offered to the adult, he/she may choose to decline them. Only when a Probate Court finds that the adult is legally incapacitated is the adult's right to make choices in question.

If protective services are found to be necessary and the adult chooses to receive them, the BEAS Adult Protective Social Worker (APSW) works with the adult to develop a case plan that will identify the goals to be met, and the services necessary to meet the goals. The APSW then provides case management and counseling, as well as authorizes and arranges for additional services needed.

### **Alzheimer's Disease Support Program**

Alzheimer's Disease, the most common cause of dementia among older persons, is characterized by a progressive, irreversible decline in cognitive functioning. The Alzheimer's Disease Support Program provides assistance and offers many resources for family members and professionals dealing with Alzheimer's Disease and Related Disorders (ADRD).

Included in program offerings are referrals to helpful services and information resources, including articles, brochures, a lending library of books and videotapes, and *The New Hampshire Family Care Guide*, a comprehensive manual for family caregivers. These are available to anyone regardless of income. Educational presentations by BEAS staff and certified volunteer community trainers are available to interested groups statewide.

The Program also offers respite care service that provides important temporary relief to caregivers. There is no financial eligibility requirement for respite services, but a physician must certify a diagnosis of Alzheimer's Disease or a related disorder, and the caregiver must be residing 24 hours per day with the individual who has ADRD. BEAS contracts with 11 service providers around the state who provide or administer these respite services. Respite care can be made available in the home, in an adult day care setting or in alternative institutional settings.

### **Congregate Housing Supports**

Congregate housing supports are provided to frail seniors and individuals with disabilities who reside in public housing or in the surrounding community. BEAS contracts with four local housing authorities to provide these supports at eight sites. These supports include, at a minimum, case management, homemaker services, meals, and personal assistance. Congregate housing supports are funded through a combination of federal Housing and Urban Development (HUD) funds, state funds and participant contributions.

### **ServiceLink**

A statewide, locally operated network, ServiceLink provides a “one-call” connection to information and assistance regarding:

- Prescription drugs
- Transportation
- Housing
- Medicaid and Medicare
- Home Care Options
- Family Caregiver Support

In addition to the above, ServiceLink Resource Centers provide information and assistance regarding:

- Needs assessments
- Eligibility pre-screenings for programs and services
- Face-to-face long-term supports counseling to assist people considering nursing home admission more aware of their alternative community-based options.
- Streamlined access to clinical level of care determinations required for Medicaid in-home care or nursing home eligibility.

ServiceLink is available to older adults, adults with disabilities, chronic illness their families, caregivers, and anyone interested in long-term care planning.

ServiceLink provides free information, referral and assistance service with local offices in 13 communities and over 30 satellite offices throughout New Hampshire. Refer to Appendix IV for a list of ServiceLink sites and local contact information. Because ServiceLink is a statewide service, there are no “wrong doors.” Calls are automatically routed to the ServiceLink office that covers the caller’s location or can be transferred to another location without redialing.

**Contact the New Hampshire ServiceLink Network toll free at 1-866-634-9412 or [www.servicelink.org](http://www.servicelink.org).**

**MEDICAID LONG TERM SUPPORTS**

When remaining in the community is not the appropriate and desired situation, facilities that provide extended residential and medical care are crucial to an individual's health and safety. Long-term support services are funded under Medicaid for individuals who meet both specific financial eligibility requirements and specific clinical eligibility requirements. Once an individual has been determined to meet the standard criteria for nursing facility level of care, the individual can choose the option that best meets his or her needs. In addition to nursing facility and home based services, the New Hampshire Medicaid Program has established a third category of long term care support called "midlevel" described below as Residential Care Services. BEAS administers these funds and the level of care assessment process.

**Nursing Facility Services**

Nursing facility services are provided to individuals who need ongoing 24-hour care and support. Nursing facilities are licensed by the State of New Hampshire. In addition to providing ongoing 24-hour care and support, some facilities also provide short-term, sub-acute rehabilitation for individuals needing additional recuperation and rehabilitation after hospitalization.

**Assisted Living Services**

New Hampshire, like many other states, has experienced a rapid growth in the number of assisted living facilities. For individuals who qualify for community-based support services through the Home and Community Based Care Waiver for the Elderly and Chronically Ill (HCBC-ECI), BEAS contracts with three assisted living facilities in the state. These facilities provide independent apartments and offer a range of services including but not limited to, nursing care, personal care, meals, homemaker services, and medication management. The facilities contract with licensed home health agencies that provide the nursing and personal care to the residents.

**Residential Care Facilities**

Residential care facilities represent a longstanding supportive housing option in New Hampshire. They offer an alternative for individuals who are no longer able to live on their own. Previously known as shared homes, these facilities are licensed by the State of New Hampshire and offer a home-like environment. In general, these facilities do not offer independent apartments but offer single or shared rooms. Care and support are provided by staff members employed by the facility.

### **Home and Community Based Care for the Elderly and Chronically Ill (HCBC-ECI Waiver)**

The HCBC-ECI program is an alternative to nursing facility admission for individuals who meet the medical criteria for nursing facility level of care. Services can be provided in independent housing, including 3 assisted public housing programs, congregate group homes or residential care facilities.

There are currently 15 different community-based supportive and medical services available, depending upon a participant's assessed medical need:

- o Adult in-home care    o Adult medical day care
- o Assisted living        o Assistive technology
- o Congregate care       o Environmental accessibility adaptations
- o Homemaker            o Home-delivered meals
- o Home health aide     o Nursing
- o Personal care         o Residential care
- o Respite                o Personal emergency response system
- o Specialized medical equipment

To be eligible, applicants must be 18 years of age or older, determined financially eligible for Medicaid, meet the medical criteria for nursing facility level of care, and agree to contribute to the cost of care, if calculated "available income" exceeds defined allowance.

In 2005, the HCBC-ECI waiver provided individualized community-base support for over 200 individuals who would otherwise require nursing facility care. BEAS state nurses conduct a comprehensive clinical assessment to outline a service plan that includes both paid providers and informal supports. Independent case managers, working on behalf of BEAS, collaborate closely and frequently with the individual, family members, case managers, agencies and other community partners to assure the individual's safety and well being in their community living setting and to recommend modifications to service plan as necessary.

The importance of community based care as a cornerstone to NH long-term care is widely recognized and supported. A number of BEAS' operational and policy development efforts are structured to support advancement and expansion of the HCBC-ECI waiver program. Examples of this include a review of clinical waiver guidelines to align with demographic trends, strategic direction, fiscal realities, including providers, partners, and consumers in planning initiatives and integrating policies across other DHHS Medicaid Bureaus to align policies and address duplication and service gaps.

Specific initiatives dedicated to the expansion of community based care services include active engagement with the Aging and Disability Resource Center team to provide one stop access for HCBC-ECI eligibility prescreening and assessment scheduling by integrating processes and co-locating nursing staff at Resource Center sites. Another example is the expansion of mid-level care options service offerings. To support this goal, BEAS is working in conjunction with the University of New Hampshire Institute on Disabilities to employ a program specialist dedicated to supportive housing issues. A key initiative in the planning phase is the introduction of a family home care service for older adults who need supportive housing in order to avoid nursing facility placement.

Legislative activity during the 2005 session included development of Medicaid reform measures. Components of HB 691 recommend enhancements to the long term care eligibility process, including implementation of an enhanced clinical assessment instrument and face-to-face assessment and counseling for all long term care applicants. BEAS is targeting to implement these changes beginning in January 2006. The new instrument and assessment process is expected to help consumers understand their options for community-based care, including the HCBC-ECI waiver, and avoid premature or inadvertent placement in nursing facilities.

With growth comes increased responsibility for program integrity, regulatory compliance, and clinical risk management. In October of 2004, NH was awarded a Real Choice Systems Change grant to enhance the current HCBC-ECI quality assurance program and adopt the CMS structured framework for managing waiver processes and measuring program outcomes. The work will focus on improving quality by coordinating and aligning efforts with waiver participants, providers and stakeholder through a shared emphasis on the quality framework areas of participant access, participant-centered service planning and delivery, participant safeguards, participant rights and responsibilities, participant outcomes and satisfaction, and system performance.

## **5. RESOURCE ALLOCATION**

The following tables show how New Hampshire will allocate its federal allotment under the Older Americans Act for the services described in Section 3 of this Plan during the 2006-2007 period. These services are included in the columns labeled III and VII, which refer to Titles III and VII of the Older Americans Act respectively. The tables also include the amounts the State will spend for SSBG services under the column labeled XX, as well as for those services that are State-funded under the column labeled General. Unlike the Medicaid Program, these funding sources are capped; i.e., once these funds are spent, no additional federal funds can be generated.

BEAS has carefully allocated these scarce resources to comply with both federal and state mandates, many of which are included in the Assurances section of this document, as well as in response to the factors outlined in the Plan's Statement of Need. These services form the core of the State's home and community based care system for the elderly. Absent from these figures is the level of support local communities provide to maintain these services through fund-raising, donations, grants, etc.



Service	SFY 2005 Total Budget					
	General	Fed Other	III	VII	XX	Totals
<b>Adult Community Services</b>						
Adult Group Day Care			136,465		499,388	635,853
Congregate Housing	684,970					684,970
Congregate Meals			1,860,576			1,860,576
Misc Services (Note 1)	264,555		362,654		13,974	641,183
Transportation			1,210,901			1,210,901
<b>Total Adult Community Services</b>	<b>949,525</b>	<b>0</b>	<b>3,570,596</b>	<b>0</b>	<b>513,362</b>	<b>5,033,483</b>
<b>In-Home Support</b>						
Adult In-Home Care					4,195,845	4,195,845
Chore					79,658	79,658
Emergency Support					100,381	100,381
Home-Delivered Meals			2,819,733		2,182,244	5,001,977
Home Health Aide			197,162			197,162
Homemaker			204,700		2,119,770	2,324,470
<b>Total In-Home Support</b>	<b>0</b>	<b>0</b>	<b>3,221,594</b>	<b>0</b>	<b>8,677,898</b>	<b>11,899,492</b>
<b>Family Support</b>						
Alzheimer's Disease Support Program	217,524					217,524
NH Family Caregiver Support Program			942,250			942,250
<b>Total Family Support</b>	<b>217,524</b>	<b>0</b>	<b>942,250</b>	<b>0</b>	<b>0</b>	<b>1,159,774</b>
<b>Aging Information Resource System</b>						
NH ServiceLink Network	978,938					978,938
Health Insurance Counseling		145,484				145,484
Senior Medicare Patrol Project		170,479				170,479
Health Promotion			95,325			95,325
NH Helpline					136,490	136,490
<b>Total Aging Information Resource</b>	<b>978,938</b>	<b>315,963</b>	<b>95,325</b>	<b>0</b>	<b>136,490</b>	<b>1,526,716</b>
<b>Title VII</b>						
Long Term Care Ombudsman				73,285		73,285
Legal Services				25,687		25,687
<b>Total Title VII</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98,972</b>	<b>0</b>	<b>98,972</b>
<b>Grand Totals</b>	<b>2,145,987</b>	<b>315,963</b>	<b>7,829,764</b>	<b>98,972</b>	<b>9,327,749</b>	<b>19,718,436</b>

Note 1: Miscellaneous Services include: Retired Senior Volunteer, Foster Grandparents, Senior Companion program, Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Emergency Support.

Service	SFY 2006 Total Budget					
	General	Fed Other	III	VII	XX	Totals
<b>Adult Community Services</b>						
Adult Group Day Care			145,965		542,382	688,347
Congregate Housing	697,984					697,984
Congregate Meals			1,811,555			1,811,555
Misc Services (Note 1)	287,118		344,660		16,000	647,778
Transportation			1,432,466			1,432,466
Total Adult Community Services	985,102	0	3,734,646	0	558,382	5,278,130
<b>In-Home Support</b>						
Adult In-Home Care			179,080		4,315,852	4,494,932
Chore					93,500	93,500
Emergency Support					106,928	106,928
Home-Delivered Meals			2,987,269		2,565,651	5,552,920
Home Health Aide			247,905			247,905
Homemaker			217,206		2,119,770	2,336,976
Total In-Home Support	0	0	3,631,460	0	9,201,701	12,833,161
<b>Family Support</b>						
Alzheimer's Disease Support Program	257,809					257,809
NH Family Caregiver Support Program			810,263			810,263
Total Family Support	257,809	0	810,263	0	0	1,068,072
<b>Aging Information Resource System</b>						
NH ServiceLink Network	419,000	1,008,216				1,427,216
Health Insurance Counseling		140,008				140,008
Senior Medicare Patrol Project		325,866				325,866
Health Promotion			92,500			92,500
NH Helpline					143,964	143,964
Total Aging Information Resource	419,000	1,474,090	92,500	0	143,964	2,129,554
<b>Title VII</b>						
Long Term Care Ombudsman				130,820		130,820
Legal Services				63,000	15,000	78,000
Total Title VII	0	0	0	193,820	15,000	208,820
Grand Totals	1,661,911	1,474,090	8,268,869	193,820	9,919,047	21,517,737

Note 1: Miscellaneous Services include: Retired Senior Volunteer, Foster Grandparents, Senior Companion program, Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Emergency Support.

Service	SFY 2007 Total Budget					
	General	Fed Other	III	VII	XX	Totals
<b>Adult Community Services</b>						
Adult Group Day Care			159,044		552,687	711,731
Congregate Housing	711,246					711,246
Congregate Meals			1,845,976			1,845,976
Misc Services (Note 1)	292,574		416,393		16,304	725,271
Transportation			1,459,683			1,459,683
Total Adult Community Services	1,003,820	0	3,881,096	0	568,991	5,453,907
<b>In-Home Support</b>						
Adult In-Home Care			179,080		4,438,129	4,617,209
Chore					95,277	95,277
Emergency Support					108,960	108,960
Home-Delivered Meals			3,044,027		2,614,399	5,658,426
Home Health Aide			197,162			197,162
Homemaker			204,700		2,119,770	2,324,470
Total In-Home Support	0	0	3,624,968	0	9,376,535	13,001,503
<b>Family Support</b>						
Alzheimer's Disease Support Program	262,707					262,707
NH Family Caregiver Support Program			834,571			834,571
Total Family Support	262,707	0	834,571	0	0	1,097,278
<b>Aging Information Resource System</b>						
NH ServiceLink Network	399,999	1,265,467				1,665,466
Health Insurance Counseling		142,668				142,668
Senior Medicare Patrol Project		332,057				332,057
Health Promotion			95,337			95,337
NH Helpline					146,699	146,699
Total Aging Information Resource	399,999	1,740,192	95,337	0	146,699	2,382,227
<b>Title VII</b>						
Long Term Care Ombudsman				135,439		135,439
Legal Services				64,197	15,285	79,482
Total Title VII	0	0	0	199,636	15,285	214,921
Grand Totals	1,666,526	1,740,192	8,435,972	199,636	10,107,510	22,149,836

Note 1: Miscellaneous Services include: Retired Senior Volunteer, Foster Grandparents, Senior Companion program, Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Emergency Support.

Service	SFY 2008 Total Budget					
	General	Fed Other	III	VII	XX	Totals
<b>Adult Community Services</b>						
Adult Group Day Care			162,225		563,741	725,966
Congregate Housing	725,471					725,471
Congregate Meals			1,882,896			1,882,896
Misc Services (Note 1)	298,425		424,720		16,630	739,775
Transportation			1,488,877			1,488,877
Total Adult Community Services	1,023,896	0	3,958,718	0	580,371	5,562,985
<b>In-Home Support</b>						
Adult In-Home Care			182,662		4,526,892	4,709,554
Chore					97,182	97,182
Emergency Support					111,139	111,139
Home-Delivered Meals			3,104,908		2,666,687	5,771,595
Home Health Aide			201,105			201,105
Homemaker			208,794		2,162,165	2,370,959
Total In-Home Support	0	0	3,697,469	0	9,564,065	13,261,534
<b>Family Support</b>						
Alzheimer's Disease Support Program	267,961					267,961
NH Family Caregiver Support Program			851,262			851,262
Total Family Support	267,961	0	851,262	0	0	1,119,223
<b>Aging Information Resource System</b>						
NH ServiceLink Network	407,999	1,290,776				1,698,775
Health Insurance Counseling		145,521				145,521
Senior Medicare Patrol Project		338,699				338,699
Health Promotion			97,244			97,244
NH Helpline					149,633	149,633
Total Aging Information Resource	407,999	1,774,996	97,244	0	149,633	2,429,872
<b>Title VII</b>						
Long Term Care Ombudsman				138,148		138,148
Legal Services				65,481	15,591	81,072
Total Title VII	0	0	0	203,629	15,591	219,220
Grand Totals	1,699,856	1,774,996	8,604,693	203,629	10,309,660	22,592,834

Note 1: Miscellaneous Services include: Retired Senior Volunteer, Foster Grandparents, Senior Companion prog  
Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Emergency Support.

## **6. STRATEGIC GOALS**

### **BEAS Mission and Vision**

The BEAS mission and vision statements, which address all services and supports provided to older persons and to adults with chronic conditions and not only the services funded by BEAS, are based on the following values: the long term care system must be person-centered, it must provide for individual choice and direction, and it must maximize the consumer's independence, dignity, and the quality of life. These values matter very much to elderly people, adults with chronic conditions, their families, and caregivers. They keep the us grounded not only in the delivery of services but also in the development and implementation of public policy regarding long-term care.

The mission and vision statements, which are shown on the following page, can apply to private as well as public services and formal as well as informal supports.

### **AoA Goals and Initiatives**

In written guidance to States, the Administration on Aging (AOA) has requested that each State address four strategic goals in its State Plan:

- Goal 1: Increase the number of older people who have access to an integrated array of health and social supports.
- Goal 2: Increase the number of older people who stay active and healthy.
- Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.
- Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

AoA requested that the States also address these initiatives:

- The development, expansion, and coordination of the Aging and Disability Resource Centers (ADRCs)
- Implementation of evidence-based health promotion/disease prevention programs, including an assurance that the State will “confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia”
- How the State's elderly population will be assisted to access Medicare Modernization benefits
- How the State will use the tool kit developed by AoA and the Federal Transit Administration to assess transportation needs and to coordinate transportation services for older people.
- Competition in service provision

### New Hampshire Long Term Support System - Vision

The New Hampshire long-term support system is person-centered, promoting the right and ability of individuals, families and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity and quality of life of the individual receiving care.

### DEAS Mission

DEAS shares leadership within New Hampshire in developing and funding long term supports and advocating for elders, adults with disabilities and their families and caregivers. DEAS envisions a long term system of supports that:

<b>Promotes and supports individual and family direction</b>	<ul style="list-style-type: none"> <li>• Affirms the control by individuals and families over how supports are provided, in accordance with their preferences</li> <li>• Educates and empowers individuals and families to advocate for themselves</li> <li>• Disseminates information to communities to increase understanding of the needs and issues of elders and adults with disabilities</li> <li>• Provides individuals and families with opportunities for feedback and for participation in policy making and quality management activities</li> <li>• Provides individuals and families with an accessible, impartial and effective grievance process</li> <li>• Supports the individual's right to determine quality of life and to make choices and take risks others may question</li> </ul>
<b>Provides supports that meet the needs of individuals and families</b>	<ul style="list-style-type: none"> <li>• Identifies and is responsive to the evolving needs and preferences of people and provides a variety of flexible supports in a variety of settings</li> <li>• Promotes a creative program, support and resource development process that includes community participation</li> <li>• Ensures that operations such as eligibility determination do not undermine the ability of individuals and families to choose the supports that meet their needs               <ul style="list-style-type: none"> <li>• Supports informal supports and takes no action that erodes them</li> </ul> </li> </ul>
<b>Provides high quality care and supports</b>	<ul style="list-style-type: none"> <li>• Provides a range of quality supports that promote social and physical wellness and that are available and accessible</li> <li>• Supports a motivated stable workforce through adequate compensation, workforce training and career development opportunities</li> <li>• Provides and promotes a coordinated comprehensive system of rights protections for elders and for adults with disabilities through quality assurance, adult protection, legal and ombudsman services</li> <li>• Supports a continuous quality improvement process focused on individual outcomes</li> <li>• Supports the exchange and utilization of information about "best practices" to providers to help them provide the best services and supports possible</li> <li>• Promotes legislation to support elders and adults with disabilities and their caregivers</li> </ul>
<b>Promotes efficiency</b>	<ul style="list-style-type: none"> <li>• Encourages efficiency and productivity among providers</li> <li>• Prioritizes the development and delivery of supports and services in a manner that makes best use of limited resources</li> <li>• Studies and promotes options to finance long term supports, including private insurance and other products</li> </ul>

On a fundamental level, the services included in the State Plan on Aging are provided for reasons consistent with these goals. For example, Adult Group Day Care keeps older people active and healthy, and the Family Caregiver Support Program provides a flexible, consumer-directed structure of supports for caregiving families, enabling them to keep family members out of nursing homes. The Health Insurance Education and Assistance Services Program (HICEAS) assists Medicare beneficiaries to understand their benefits, and the Senior Citizens Law Project protects the rights of older people.

However, the State Plan on Aging also addresses these goals on a strategic level. As the designated State Aging Agency, the Bureau of Elderly and Adult Services has a unique role to play in developing comprehensive systems of care for older people. In this respect, BEAS serves as a catalyst for bringing together many programs and resources to develop and transform systems that go beyond the Older Americans Act. These include but are not limited to Medicare, Medicaid, State funds, and private resources.

This section describes how New Hampshire proposes to address the above goals and initiatives in the new State Plan on Aging..

***Goal 1: Increase the number of older people who have access to an integrated array of health and social supports.***

New Hampshire will accomplish this goal through the following:

- Statewide implementation of the ServiceLink Resource Center model

In 2003, the State was awarded an Aging and Disability Resource Center grant through the Centers for Medicare and Medicaid Services and the Administration on Aging. The purpose of the grant was to realign the front end of the long-term care system for elderly persons and people with chronic conditions to streamline access to services and to promote the use of home and community based supports. Currently being field-tested in Belknap and Strafford Counties, this model combines information and assistance, clinical assessments for nursing home and the Home and Community Based Care for the Elderly and Chronically Ill program, care planning, and financial eligibility screening. The ServiceLink Resource Centers serve private pay and non-elderly consumers as well as elderly consumers and consumers of public programs. The ADRC grant has enabled the model to design and implement an automated resource and consumer-tracking database, which is currently in use. Consistent with the terms of the grant, two more sites will be implemented at the end of calendar year 2005, and statewide implementation will occur in 2006 for a projected total of ten Centers.

Measurable performance objectives for the pilot program have been developed for the project evaluation, and these will be used as the basis for setting objectives when the program is implemented statewide.

As part of the **Medicaid Modernization Initiative**, the New Hampshire Department of Health and Human Services is designing its Single Point of Entry model based on the ServiceLink Resource Center platform, which will encompass all long term care services as part of its Medicaid Modernization effort. The Department will be including the financial eligibility determination process for Medicaid and Older Americans Act services to develop one-stop points of access for consumers.

**Measurable Outcomes:**

- 1. By January 31, 2006, implement two more ADRC pilot sites in the State.**
  - 2. By January 31, 2006, co-locate at least one eligibility specialist in each ServiceLink and ServiceLink Resource Center site.**
  - 3. By January 1, 2007, implement the ServiceLink Resource Center model in each of the State's ten counties.**
- Finalize plans for a Statewide transportation brokerage

The State has identified transportation as a critical component of its Medicaid Modernization efforts. Lack of transportation has historically been a barrier for many New Hampshire citizens to accessing needed health care and social services. The Department of Health and Human Services spends approximately \$12 million annually for non-emergency human service-related transportation. Of that amount, approximately half is spent on fee-for-service transportation and the other half is embedded in specialized program operations. About 54 percent of the fee-for-service dollars flow through the Bureau of Elderly and Adult Services for transportation services for the elderly and for adults with disabilities, including transportation funded through the Older Americans Act.

DHHS Commissioner John Stephen directed the Department to plan for a statewide transportation brokerage coordination system for Medicaid non-emergency transportation. Commissioner Stephen has chosen this initiative to be the “beach head” in his efforts to show how fragmented and duplicative human services can be integrated into a cohesive, statewide coordinated system. All transportation programs funded through the Department are being carefully examined to determine if they should be included in the brokerage. Older Americans Act-funded transportation programs will be the first non-Medicaid programs to be managed through the proposed brokerage. This is anticipated to occur by July 1, 2007.

The goal of the transportation brokerage is to increase access to transportation resources by interconnecting all transportation models and types of providers. The outcome will be a seamless, user-friendly flow for consumers. Through centralized intake, scheduling, matching rider needs with appropriate providers, dispatching, contracting, etc., duplicative and redundant processes will be eliminated and economies realized. The State will avail itself of the transportation tool kit developed



by AoA and the Federal Transit Authority in developing the transportation brokerage, once this tool is made available.

#### **Measurable Outcomes:**

- 1. By July 1, 2007, implementation of a statewide brokerage coordination system for Medicaid non-emergency transportation.**
- 2. Integration of Title III and General Fund-supported transportation in the brokerage system by July 1, 2007.**
- 3. Development of linkages with *the Medicaid Modernization Initiative* “single point of entry” planning to include human service transportation for service access.**

#### ***Goal 2: Increase the number of older people who stay active and healthy.***

New Hampshire will address this goal through the following:

- Promote the use of the You Can Program and other evidence-based health promotion programs in senior centers, meal sites, adult group day programs and other settings.

You Can Campaign – Steps to Healthier Aging - BEAS has joined the You Can Campaign and is committed to working with partners and providers in NH to increase public awareness regarding the importance of prevention and lifestyle choices. At the time of this writing, BEAS has been reaching out to its partners and providers to inform them about the You Can Campaign and to encourage their participation. BEAS is partnering with its sister agency, the Division of Public Health, Bureau of Health Promotion to determine first steps in increasing public awareness of prevention and lifestyle choices. Initially, BEAS will reach older adults through its nutrition programs and through the senior center network

- Work with the Statewide Immunization Program to ensure that New Hampshire will confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia.

BEAS actively participates in the Granite State Immunization Partnership (GSIP) that meets monthly to discuss immunization issues for all ages. BEAS represents seniors and the adult disabled population and collaborates with other entities to create awareness on the importance of immunizations. The Partnership is comprised of individuals from the community, public and private health care organizations, state agencies, service agencies and businesses.

Members of the partnership collaborate with each other and share ideas in order to increase public awareness about importance of immunizations in New Hampshire. In particular BEAS collaborates with the NH Immunization program to provide

and disseminate information on the importance of seniors obtaining the influenza and pneumococcal vaccine. Information is disseminated to seniors through meal sites, senior centers, ServiceLink and other partners that DHHS works with.

The Partnership stays abreast of current immunization issues, including but not limited to information from the CDC (Center for Disease Control), legislative and governmental issues.

- Work with the network of New Hampshire's senior centers to provide funding and technical assistance to implement programs designed to promote healthy aging and disease prevention.

As part of the **Medicaid Modernization** proposal, the State is designing a primary care case management model that will promote the coordination of primary and acute care with long-term supports for elderly persons. The State's senior center network will play a critical role in implementing this model at the community level. Senior centers provide a variety of services to New Hampshire's older population, and their ability to reach a wide segment of this population makes them an ideal place to deliver these programs.

- Utilize the HICEAS Program, the State's Insurance Counseling Program, to help older people enhance their knowledge and understanding of their health care options, especially Medicaid Part D options and preventive services.

HICEAS and the State's Senior Medicare Patrol Program conduct annual training on Medicare changes. This year the emphasis will be on helping seniors understand and access their Medicare Part D benefits. At present, coordinated planning is occurring within the aging network in New Hampshire for the Part D rollout. HICEAS and the ServiceLink network will be the designated first responders to calls about Part D. Outreach efforts have also been ongoing at the community level to explain the program to beneficiaries and to prepare them for enrollment. These will continue after the program has been implemented in January of 2006.

#### **Measurable Outcomes:**

1. **By January 1, 2006, contact every BEAS provider of community-based services to promote the use of the You Can Program.**
2. **By January 1, 2007, implement the primary care case management model statewide.**

***Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.***

- Continue to develop the New Hampshire Family Caregiver Program.

Through this program, funding is available for families seeking temporary respite from their caregiving responsibilities. These funds are administered on a statewide level through BEAS. In order to provide flexibility in meeting the needs of a wide range of family caregiving, the respite funds are consumer directed. The family caregiver can choose from a variety of services that include in-home respite care, adult day programs, a temporary respite bed in an institutional facility, or a combination of these services. The funds are paid directly to the providers whom the caregiver chooses.

Although the funding is limited for this program, it has become an essential component of the long-term care and home and community based support system of New Hampshire. It has increased the abilities of family caregivers to continue to provide care, helping to prevent caregiver burnout and giving many more individuals the option to remain in their homes and age in place.

As the State prepares for the implementation of the Aging and Disability Resource model, caregiver support will be incorporated as an integral part of the model. Drawing from the lessons learned from the Resource Center pilots, program administrators are planning to locate a caregiver advocate in each Resource Center, who will work with families to develop a strong advocacy network, a training curriculum, and respite care resources.

#### **Measurable Outcomes:**

- 1. By October 1, 2006, finalize the training curriculum for Family Caregiver Advocates currently being field-tested in the ADRC pilot sites.**
- 2. By January 1, 2007, locate at least one Family Caregiver Advocate in each ServiceLink Resource Center site.**

***Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.***

- Continue to work with AARP of New Hampshire to develop and implement a financial management program for seniors and adults with disabilities.

Beginning on September 1, 2005, BEAS will implement the Money Management Program in the Berlin and Nashua areas. This program, a partnership between AARP NH and BEAS, matches well-trained and monitored volunteers with vulnerable, low-income seniors and adults with disabilities to assist these individuals with money management. The proactive and preventive nature of this program emphasizes avoiding or delaying the need for guardianship in those situations where money management is the critical issue underlying an individual's ability to remain independent. The Money Management Program promises to be a primary preventive element of the State's Adult Protective Services Program.

- Coordinate program policies with the recommendations of the NH Elder Abuse Advisory Council.

In February 2005, DHHS Commissioner John Stephen convened the NH Elder Abuse Advisory Council. The Council will be looking at ways to strengthen New Hampshire's adult protection system, and includes representatives from the NH Legislature, local, county and state law enforcement, the State Committee on Aging, the University of NH Social Work Department, AARP, home care agencies, DHHS staff, and other agencies and disciplines.

New Hampshire's Adult Protection Law requires that anyone suspecting, or believing in good faith, that an incapacitated adult has been abused, neglected, exploited or is self-neglecting must report this to the DHHS Bureau of Elderly and Adult Services (BEAS). BEAS investigates, determines whether the report is founded (substantiated) and, when necessary, offers services to protect the adult.

In State Fiscal Year 2004, BEAS received 2,130 abuse reports on persons age 60 and older, and on younger adults with chronic illnesses or disabilities. This is an increase of 184 over the previous year, and nearly 10 times the number reported 25 years ago. More than a third of the cases reported involved people over the age of 80, and nearly two-thirds of the victims were women.

There is a strong indication that strengthening partnerships between DHHS and the community will be essential. Also key is more public education to help people understand the availability of protective services and the legal responsibility of all citizens to report adult abuse under the Adult Protection Law.

The Council plans to meet approximately every six weeks and to further develop its mission and goals. Topics for future discussion include strategies for preventing elder abuse, community education, legislation, and additional training for professionals involved in adult protection. Council members will also explore best policies and practices used by other states to help victims of elder abuse.

#### **Measurable Outcomes:**

- 1. By September 1, 2006, evaluate the Nashua and Berlin Money Management Programs in terms of the number of guardianship petitions that may have been prevented or delayed and other benefits to consumers and determine if statewide implementation will go forward.**
- 2. By February 1, 2006, compile and release the findings and recommendations of the NH Elder Abuse Task Force.**

#### **7. PUBLIC REVIEW PROCESS**

In accordance with federal regulations, the public was given the opportunity to review and comment on the content of the 2006-2007 New Hampshire State Plan on Aging.

An overview of the services provided, the strategic goals, and the resource allocation were published on the BEAS website, and printed copies were also available upon request. Comments were accepted via regular mail, electronically, or by telephone.

Two public hearings were conducted give interested individuals an opportunity to present their comments on the following dates:

- July 19, 2005 at 2:00 p.m. at the Department of Health and Human Services, Brown Building Auditorium, 129 Pleasant Street, Concord, NH; and
- July 21, 2005 at 2:00 p.m. at the William B. Cashin Senior Activity Center, 151 Douglas Street, Manchester, NH

Thoughtful comments on a variety of issues were received from the individuals who attended the hearings as well as from those who submitted comments via e-mail or through the regular mail. The following summarizes the substantive comments received.

A recurring comment focused on concerns about the relatively low levels of Older Americans Act funding, particularly in consideration of the expanding elderly population. It is for this reason, i.e., the level of available funding, that AoA requires the States to collaborate with other funding sources, both public and private, to create comprehensive systems of support, and much of the State Plan reflects this collaboration across different service sectors. Other comments related to funding expressed the need for the State to allocate more for communications assistance for hearing and vision-impaired individuals. It was noted by commenters that this population is aging along with the general elderly population. Transportation for the visually impaired was identified as a major need, especially on weekends and evenings, when most programs do not provide coverage.

One reviewer indicated that while the State Plan has worthy goals, the reality is that the resources for home-based care are far from adequate, especially workers to provide this care. How attainable is the goal of supporting family caregivers if families, who are already in stressful situations, are expected to do more? It was suggested that perhaps nursing homes could be used as respite care resources in these situations.

Mental health needs of older people was an area one reviewer found to be inadequately covered in the State Plan overview, and another person indicated that social wellness was another need that the overview did not address. Housing options, according to another reviewer should be expanded to allow group homes for seniors as alternatives to living by oneself or in an institution.

Nutrition programs are important sources of help; however they are of limited use for people with special dietary needs, for example, diabetics. Food Stamps may not be a viable alternative for low-income elderly when they can receive only \$10 per month in benefits.

It was suggested that pre-retirement education that includes caregiving training taught by an LNA be made available.

A number of comments recommended that BEAS allow more time to provide notices prior to public hearings on the State Plan and that more hearings should have been scheduled instead of two.

## **8. OVERVIEW OF THE STATE AGING AGENCY**

This section provides an overview of the New Hampshire Bureau of Elderly and Adult Services (BEAS), the agency designated by State law to implement the provisions of the Older Americans Act. BEAS is part of the Division of Community Based Care that is located in the administrative structure of the Department of Health and Human Services. As indicated in previous sections of this document, BEAS provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability.

BEAS consists of a network of twelve district offices located throughout the State which are responsible for coordinating services to seniors and to adults with disabilities and chronic illness who meet program guidelines. Contact information for each District Office is included in Appendix III. Valued partners at the community level include many nonprofit, community-based agencies such as nutrition, home health, senior centers, adult day programs, senior housing, and ServiceLink, which work closely together in the delivery of services to the target population.

BEAS also maintains a central office in Concord to administer programs and to provide program and financial planning. It should be noted that the Long Term Care Ombudsman Program is administratively attached to BEAS and is not considered to be a BEAS program unit.

The State Committee on Aging (SCOA), an eighteen-member advisory body to the Commissioner of Health and Human Services, identifies and represents the needs of older persons in New Hampshire to BEAS administrators and policymakers. SCOA facilitates participation by consumers in the program planning process and collaborates with other advocacy groups on senior issues. These have included federal and state legislation, long-term care, transportation, housing, prescription drug issues, health care, and insurance.

A key connection between SCOA and the senior community are the Area Committees on Aging (ACOA), which are independent local advocacy groups interested in issues impacting seniors at the community level. The ACOAs include consumers of Title III services, service providers, and other members of the community. ACOAs hold community-based public meetings to discuss legislation and other matters affecting older people, as well as sponsor educational presentations on topics such as family caregiving or Medicare Part D.



## 9. ASSURANCES

### ATTACHMENT A

#### **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

*This attachment, along with requirements listed in the State Plan Guidance Program Instruction (PI) and attachment B State Plan Provisions and Information Requirements, make up the package of instructions for development of State Plans.*

#### **ASSURANCES**

##### **Sec. 305(a)- (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on



the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

**Sec. 306(a), AREA  
PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English-speaking ability; and

(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and

expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost)

incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing

eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and  
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

**Sec. 308, PLANNING, COORDINATION, EVALUATION,  
AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

**Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social



service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

#### **A. REQUIRED ACTIVITIES**

##### **Sec. 307(a), STATE PLANS**

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals

and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

---

Signature and Title of Authorized Official

Date

## ATTACHMENT B

### STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS

The following provisions and information requirements are listed in the indicated sections of the Older Americans Act, as amended in 2000. State Plans may address the provisions and information requirements in a format determined by each State.

*This attachment, along with requirements listed in the State Plan Guidance Program Instruction (PI) and attachment A, State Plan Assurances and Required Activities, make up the package of instructions for development of State Plans. Italicized notes are provided for the State agency's convenience as links to referenced citations.*

#### **Section I. State Plan Information Requirements**

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

**102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))** The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

#### **Section 305(a)(2)(E)**

The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan;

#### **Section 307(a)**

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

#### **Section (307(a)(3)**

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

**Section 307(a)(8)) (Include in plan if applicable)**

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

**Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

**Section 307(a)(15)**

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

(A) identify the number of low-income minority older individuals in the State; and

(B) describe the methods used to satisfy the service needs of such minority older individuals.

**Section 307(a)(21)**

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities .

**B. Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (*Note: Paragraphs (1) of through (6) of this section are listed below*)

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

*(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

*(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

*(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

*(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*

*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*

*(i) if all parties to such complaint consent in writing to the release of such information;*

*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*

*(iii) upon court order.*

## APPENDIX I



### **NH Speaks – An Independent Aging Agenda Event May 26, 2005**

NH Speaks was held on May 26, 2005 as an independent aging agenda event. The topic discussed was maximizing a senior's ability for independent living. Beth Carrol, host of a local public TV program, moderated the discussion. Over four hundred older adults, community providers, public officials, and caregivers attended the event. A facilitated discussion was conducted at the individual tables.

The groups were asked to list challenges and obstacles NH Seniors face in regards to maximizing their ability to live independently. They were then asked to rank them in order of significance and for the top two, draft a recommendation that would help rectify the challenge/obstacle.

The following information summarizes the information gathered from NH Speaks.

#### **1. Lack of transportation choices, availability, and affordability. Examples include: medical transportation including long distance and wheel chair accessibility**

- ◆ Create a media campaign to create awareness of what is available
- ◆ Provide state and federal funding
- ◆ Create on-demand transportation services
- ◆ Allocate funds to: senior centers, companies, non-profits that have buses available to use for other purposes
- ◆ Partner with physicians, hospitals, food markets, retail stores, etc. in order for them to buy into supporting transportation initiatives.
- ◆ Utilize seniors helping seniors/use seniors who need work
- ◆ Partner with women's men's clubs

- ◆ One toll free number for information about local transportation resources
- ◆ Create tax incentives for companies and volunteers
- ◆ Develop state support system, or a central Agency to coordinate
- ◆ Enhance government assistance for bus companies
- ◆ Shift a portion of responsibility on town government.

## **2. Lack of housing choices, including availability**

- ◆ Tax incentives to families who house their elders (property tax?)
- ◆ Build more housing
- ◆ Create incentives for facilities to accept Home and Community Based Care (HCBC) and raise HBCB funding.
- ◆ Increase HUD funding
- ◆ Enhance development of more truly affordable (low-income) housing and do this in conjunction with public transportation planning, zoning, town ordinances, and long range planning that focuses on the needs of people who are aging.

## **3. Financial – Expenses exceed income**

- ◆ Create and build affordable housing options
- ◆ Fund more in-home care options
- ◆ Provide money management education starting at a younger age
- ◆ Create outreach/education about what financial assistance is available
- ◆ Have a way for those who don't need their social security benefit to give it back for those who do need it
- ◆ Congress/senate members should participate in Social Security, not their own pension
- ◆ More government funding for programs

## **4. Medication Issues – Affordability, lack of education and knowledge on how to manage medications**



- ◆ Prioritize the funding of affordable health care and prescriptions by: **1.** Restructuring the health care system to: promote prevention and personal responsibility; single payer system to simplify/reduce paperwork; consistency in prescription prices at the retail level. **2.** Lower prescription costs by: an affordable Medicare prescription program; shift funds from defense (one air carrier)

## **5. Isolation including the difficulties on living alone**

- ◆ Enhance the Senior Companion Program
- ◆ Educate older adults about senior centers and what they have to offer. Provide more outreach and increase awareness.
- ◆ Transportation
- ◆ Outreach/advocate programs that reach out to support elders within all communities for all issues – (motivate, educate, high tech)

In summary, the NH Speaks event resulted in the people of NH providing input on issues important to older adults. Although, there were many, the top five are: Transportation, Housing, Finances, Medication and Isolation. Additional recommendations included:

1. Funding should be enhanced through government sources and the private sector to meet realistic expectations.
2. A public awareness campaign should be developed to energize people at the federal, state, and community levels focusing around the principles of the Older Americans Act.
3. Lastly, to help our nation eliminate, or minimize, or rectify the unfair burden of continual re-evaluation of tax increases, taxes should be frozen or adjusted for fair market value for seniors.

## APPENDIX II

### 2005 White House Conference on Aging – Independent Aging Agenda Event Post Event Summary Report

Name of Event: New Hampshire Conference on Rural Mental Health, Substance Abuse and Aging

Date of Event: June 17, 2005

Location of Event: Plymouth State University, Plymouth, NH

Number Attending: 117

Sponsoring Organizations:

- Bureau of Behavioral Health, DHHS
- Coalition on Substance Abuse, Mental Health and Aging
- Mental Health & Aging Consumer Advisory Council
- NHADACA and the NH Institute on Addictive Disorders
- New Hampshire Chapter, NASW
- Real Choice Consumer Advisory Council
- Social Work Department, Plymouth State University
- University of NH/Institute on Disability

Contact Information: Todd Ringelstein, MSW  
Administrator for Older Adult Mental Health Services,  
DHHS, Bureau of Behavioral Health  
(603) 271-5094  
[Tringelstein@dhhs.state.nh.us](mailto:Tringelstein@dhhs.state.nh.us)

Stephen H. Gorin, Ph.D.

### Overview

*In 1995, New Hampshire hosted a mini White House Conference on Aging, titled “Rural Northern New England: Meeting the Mental Health Needs of Older Adults”. It was very successful in highlighting the important issues of substance abuse, mental health and aging. Here we are ten years later. Demographics are shouting the need to address these issues, as the Baby Boomers become senior citizens. In response to this need a committee, several of who participated in the conference in 1995, planned the “NH Conference on Rural Mental Health, Substance Abuse and Aging”. It was held at Plymouth State University.*

During the morning session, several speakers outlined mental health and substance abuse issues currently facing New Hampshire and the nation including the anticipation of the aging of the baby boom generation. Opening remarks were made by Judge Edwin Kelly, Chairman of the Governor’s Commission on Alcohol, Drug Abuse, Prevention,

Intervention and Treatment, Joe Harding, Director, Office of Alcohol and Drug Policy, and Virginia Barry, Provost and Vice President for Academic affairs, PSU. The keynote speaker was Gary Bailey, the National president of NASW. Gary began by pointing out that by 2030, older adults would make up 20 percent of the population (vs. 12.4 percent in 2000); during the same period the number of people over 100 will triple. The “elderly” population in the future will be much more diverse than today, with “the population of aging Hispanics, African Americans, and Asian Americans...projected to grow faster than that of whites.”

The conference participants (comprised of consumers of services, family members, advocates, legislators, and professionals) was also addressed by Dr. Stephen Bartels, Medical Director of the Bureau of Behavioral Health, and Scientific Co-Director, Older Americans Substance Abuse and Mental Health Technical Assistance Center, who discussed mental health and substance issues for older adults in NH and the nation. In his overview of mental health issues, he noted that due to the fragmented nature of our health care system, most older adults in need of mental health services receive them through long term or primary care; there remains a pressing need to integrate primary care and mental health services. He also stressed the importance of expanding health promotion and community outreach and discussed New Hampshire’s network of “Elder Wrap-Around Services”. Todd Ringelstein- MSW and Administrator of the States Older Adult Mental Health Services reported that "Elder Wrap Around" is a process of bringing the public and private sector together and sharing information on the local level. More importantly, it promotes person centered planning particularly for the older adult who is in need of multiple supports and may fall through the cracks.

The luncheon speaker was Robert Blancato, the Executive Director of the 1995 White House Conference on Aging and a member of the Policy and Executive Committees of the 2005 White House Conference on Aging (WHCoA). He discussed the importance of these conferences and their impact on aging policy in the years ahead.

In the afternoon, participants broke into eight work groups to discuss barriers and develop recommendations for the 2005 WHCoA. During the wrap-up session the topic area recommendations were prioritized in rank order. The results are detailed below.

**1. Primary Care – Integration with Mental Health and Substance Abuse Services**

- a) Financing - Medicare/Medicaid and private insurance need to reimburse for "same day" and collaborative models of care for SA/MH and primary care as the most efficient or cost effective and "patient" centered model.
- b) Training - a) Gerontology must be a core component of all professional training and required continuing education and should include cross training in SA/MH and health and b) Gerontology should be designated as an underserved area (i.e. loan forgiveness).
- c) Technology/efficiencies - Integrated user-friendly information systems that include consumers and providers should cross PCP/MH/SA systems and should be affordable.

- d) Research - all federally funded/approved research should have a requirement that people over the age of 65 be included.

## **2. Access to Home Based Supportive Services**

- a) Increase proportion of funding for home and community based care over institutional care
- b) Develop less rigid federal and state eligibility for services criteria and include an "ala carte" menu of services based on individual need.
- c) Provide education/awareness for providers, consumers and the general public toward empowerment for personal advocacy for the purpose of changing "ageist" attitudes and maximizing independence.

## **3. Financing – Ensuring Access to Care**

Create a national health care system that adequately funds individual health care needs and appropriate delivery of health care services with the following elements:

- a) Consumer driven choice
- b) Comprehensive (all health care - dental, mental health, substance abuse, medical)
- c) Equitable and seamless access
- d) Funding support for non-professionals such as family, peer support, community-based, preventative services.
- e) Services that meet the needs of the community (geographic, cultural diversity)

## **4. Health Promotion and Disease Prevention**

- a) Develop ONE standardized intake form for all programs
- b) Involve advocates/consumers in promoting access to all programs
- c) Provide outreach services for application and recertification
- d) Make greater use of ServiceLink (NH's aging and disability information and referral system)
- e) Develop a national health care system that is adequate and non-stigmatizing.
- f) Support services that promote: wellness, recovery, work and family cohesion.

## **5. Co-occurring Disorders**

- a) Establish multi-disciplinary models of care to address a consistent spectrum of services to the rural elder population with substance abuse and mental health needs.
- b) Increase workforce capacity to adequate and appropriate levels to address the health care needs of aging Americans.

## **6. Housing**

- a) Increase affordable, accessible and integrated housing
- b) Utilize Universal Design for communities

- c) Utilize energy efficient (“green” and recycled) resources
- d) Simplify access to available resources (i.e. volunteers, subsidized housing programs)
- e) Support grass-roots activities

**7. Transportation**

- a) Improve coordination and simplification of federal funding streams
- b) Break down the silos!
- c) Enhance community collaboration for local transportation

**8. Institutional Care**

- a) Reintroduce the social model into the medical model (example: Live Your Dreams program)
- b) Utilize the “Eden Alternative” – emphasizing peer support.

## **APPENDIX III**

### **District Offices**

#### **Division of Elderly and Adult Services (DEAS)**

**Berlin District Office**

235 Main Street  
Berlin, NH 03570-1720  
Phone: 752-7800 or  
1-800-972-6111

**Claremont District Office**

17 Water Street  
Claremont, NH 03473-2280  
Phone: 542-9544 or  
1-800-982-1001

**Concord District Office**

40 Terrill Park Drive  
Concord, NH 03301-7352  
Phone: 271-3610 or  
1-800-322-9191

**Conway District Office**

73 Hobbs Street  
Conway, NH 03818  
Phone: 447-3841 or  
1-800-552-4628

**Keene District Office**

809 Court Street  
Keene, NH 03431-1712  
Phone: 357-3510 or  
1-800-624-9700

**Laconia District Office**

65 Beacon Street West  
Laconia, NH 03246  
524-4485 or  
1-800-322-2121

**Littleton District Office**

80 North Littleton Road  
Littleton, NH 03561  
Phone: 444-6786 or  
1-800-552-8959

**Manchester District Office**

195 McGregor Street  
South Tower Suite 110  
Manchester, NH 03102  
Phone: 668-2330 or  
1-800-852-7493

**Nashua District Office**

19 Chestnut Street  
Nashua, NH 03060  
Phone: 883-7726 or  
1-800-852-0632

**Portsmouth District Office**

30 Maplewood Avenue  
Portsmouth, NH 03801-3737  
Phone: 433-8318  
1-800-821-0326

**Rochester District Office**

150 Wakefield Street Suite #22  
Rochester, NH 03867  
Phone: 322-9120 or  
1-800-862-5300

**Salem District Office**

154 Main Street  
Salem, NH 03079-3191  
Phone: 893-9763 or  
1-800-852-7492

## APPENDIX IV

**C. ServiceLink Network*****Belknap County ServiceLink***

The HealthLink Building  
P.O. Box 1327  
575 Main Street  
Laconia, NH, 03247-1327  
Local Line: 528-6945  
Fax: 527-7148  
Lisa Morris, Director  
Nancy Bacon, Assistant  
Velma Olsen, Caregiver Advocate  
527-7041

***Carroll County ServiceLink***

448 White Mountain Highway  
P.O. Box 420  
Chocorua, NH 03817  
Local Line: 539-7203  
Fax: 323-7508  
Susan Deyoe, Director

***Coos County ServiceLink***

Berlin Senior Center  
610 Sullivan St., Suite 6  
Berlin, NH 03570  
Local Line: 752-6407  
Fax: 752-1824  
Janice Gingras, Director

***Grafton County ServiceLink***

Center for Elder Services  
10 Campbell St.  
P.O. Box 433  
Lebanon, NH 03766  
Local Line: 448-1835  
Fax: 448-3906  
Dana Michalovic, Co-Director  
Karen Whitaker, Co-Director

***Monadnock ServiceLink***

103 Roxbury St., Suite 302B  
Keene NH 03431  
Local Line: 357-1922  
Fax: 352-9365  
Melinda Feola Mahar, Director  
Pam Marsh, Coordinator

***Hillsborough County ServiceLink***

Manchester  
Easter Seals NH  
555 Auburn St.  
Manchester, NH 03103  
Local Line: 644-2240  
Fax: 644-2361  
Yvonne Schulze, Director  
Nancy Sevigny, Coordinator

Littleton Area Senior Center  
38 Cottage St., PO Box 98  
Littleton, NH 03561  
Local Line: 444-4498  
Fax: 444-1612  
Contact person, Virginia Loring

***Sullivan County ServiceLink***

96 Main St., PO Box 1338  
Claremont, NH 03743  
Local Line: 542-5177  
Fax: 542-2640  
Gail Merrill, Director  
Liz Pitrowski, Coordinator

Nashua  
Community Council of Nashua,  
7 Prospect St.  
Nashua, NH 03060-3990  
Local Line: 598-4709  
Fax: 883-1568  
Ruth Morgan, Referral Manager

***Merrimack County ServiceLink***

2 Industrial Park Drive  
PO Box 1016 Concord  
NH 03302-1016  
Local Line: 228-6625  
Fax: 228-6623  
Beth Benson, Coordinator  
Bobbi Blades, Assistant

**ServiceLink Primary Sites****1-866-634-9412****[www.ServiceLink.org](http://www.ServiceLink.org)*****Rockingham County ServiceLink***

Seacoast  
30 Maplewood Ave.  
Suite 202  
Portsmouth, NH 03801  
Local Line: 334-6594  
Fax: 334-6596  
Julie Stone, Director

Derry  
The Nutfield Building, Suite 104  
44 Birch Street  
Derry, NH 03038  
Local Line: 432-1499  
Fax: 421-2790  
Connie Young, Director  
Patti Perry, Coordinator

***Strafford County ServiceLink***

1 Wakefield St., Suite 306  
Rochester, NH 03867  
Local Line: 332-7398  
Fax: 335-8010  
Becky May, Directory  
Martha Maynard, Coordinator